Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Attorney Docket No.	0293.99R
First Inventor	Eric H. Erickson Jr. et al.
Title	Control of Parasitic Mites of Honey Bees
Express Mail No. / Mailing Date	EF408136155US February 27, 2002

As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
[X] The attached application, or						
[]Application No □ as amended on	, filed on					
□ as amended on		(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and understand the contents of the a amended by any amendment specifically referred to above		pplication, including the claims, as				
known to me/us to be material to patentability as defined i became available between the filing date of the prior appli	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR(S)		***************************************				
Inventor one: ERIC H. ERICKSON JR.						
Signature:	Citizen of:	US				
Inventor two: GLORIA DEGRANDI-HOFFMAN						
Signature:	Citizen of:	US				
Inventor three: CHRISTIAN G. BECKER						
Signature:	Citizen of:	FRANCE				
Inventor four: ROY S. WHITSON						
Signature:	Citizen of:	US				

[X] Additional inventors are being named on 1 additional form(s) attached hereto.

Burden Hour Statement This collection of information is required by 35 U S C 115 and 37 CFR 1 63 The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1 14 This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Attorney Docket No.	0293.99R
First Inventor	Eric H. Erickson Jr. et al.
Title	Control of Parasitic Mites of Honey Bees
Express Mail No. / Mailing Date	EF408136155US February 27, 2002

As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
[X] The attached application, or	r					
[] Application No	, filed on,					
□ as amended on	(if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and understand the conter amended by any amendment specifically referr	nts of the above-identified application, including the claims, as ed to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR(S)						
Inventor one: THOMAS A. DEEBY						
Signature:	Citizen of: US					
Inventor two:						
Signature:	Citizen of:					
Inventor three:						
Signature:	Citizen of:					
Inventor four:						
Signature:	Citizen of:					
[] Additional inventors are being named on	additional form(s) attached hereto.					

Burden Hour Statement This collection of information is required by 35 U S C 115 and 37 CFR 1 63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1 14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Taring.

1 A. A. ļ. 4. 55

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

Application Number

			Filing	g Date			
		ATTODNEY OF	First Named Inventor Title Group Art Unit Examiner Name		Eric H. Erickson Jr. et al. Control of Parasitic Mites of Honey Bees		
		ATTORNEY OR TION OF AGENT					
,							
			Atto	rney Docket Number	0293.99R		
			Expr	ess Mail No. / Date	EF408136155US / February 27, 2002		
I hereby appoi ■ Practitione	int: are at (Customer Number					
OR	JIS at C	Justomer Harrison		25278			
□ Practition	er(s) na	amed below:	L				
		Name		Registrati	on Number		
	<u> </u>						
			-				
as my/our	attorn	ey(s) or agent(s) to prosecu	ite the	application identifie	ed above, and to transact all		
business	in the l	United States Patent and Tra	adema	ark Office connecte	d therewith.		
Please chang	e the c	orrespondence address for	the at	ove-identified appl	ication to:		
_		ioned Customer Number.					
OR							
□Firm <i>or</i> Individual Nam	e						
Address							
Address							
City				State	Zip		
Country							
Telephone			Fax				
I am the:							
i am me. ⊠ Applicant	/Invent	or					
Applicant	HIVEII	oi.					
□ Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Eric H. Erickson Jr.							
Signature							
Date							
NOTE: Signatui Submit multiple	res of al	I I the inventors or assignees of re f more than one signature is requ	ecord o	f the entire interest or ee below*.	their representative(s) are required.		
· · · · · · · · · · · · · · · · · · ·		s are submitted. Pg 1 of 5					
				Tıme will vary depending u	oon the needs of the individual case. Any comments		

Under the Paperwork Reduction Act of 1995, no persons are re		to a collection of information	on unless it display a valid OMB control number
	<u> </u>	Date	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Named Inventor	Eric H. Erickson Jr. et al.
		Tanioa involtor	Control of Parasitic Mites of Honey
			Bees
		p Art Unit	
	Exan	niner Name	
4		ney Docket Number	0293.99R
	Expr	ess Mail No. / Date	EF408136155US / February 27, 2002
I hereby appoint:	1		
Practitioners at Customer NumberOR		25270	
□ Practitioner(s) named below:		25278	
- 1 (asimono) (e) named asion	_		
Name		Registrati	on Number
as my/our attorney(s) or agent(s) to pr	osecute the	application identifie	ed above, and to transact all
business in the United States Patent a	nd Tradema	rk Office connecte	d therewith.
Please change the correspondence addre The above-mentioned Customer Num OR			
□Firm <i>or</i> Individual Name			
Address			
Address			
City	S	tate	Zip
Country			
Telephone	F	ax	
I am the: ☑ Applicant/Inventor.			
□ Assignee of record of the entire intere Statement under 37 CFR 3.73(b) is er			
SIGNATURE	of Applican	t or Assignee of Re	cord
Name Gloria DeGra	ndi-Hoff	<u>man</u>	
Signature			
Date			
NOTE: Signatures of all the inventors or assigned Submit multiple forms if more than one signature			heir representative(s) are required.
□ *Total of <u>5</u> forms are submitted. Pg 2	of 5		

gray room may vient

There are to

Please type a plus sign (+) inside this box Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

Application Number

		Filir	ng Date		
POWER	F ATTORNEY OR	Firs	t Named Inventor	Eric H. Er	rickson Jr. et al.
	ATIONNET OR ATION OF AGENT	Title		Control of Parasitic Mites of Hone Bees	
		Gro	up Art Unit		
		Exa	miner Name		
		Atto	Attorney Docket Number		
		Ехр	ress Mail No. / Date	EF408136 February	
I hereby appoint:	1 Constant and 1				,
I ⊠ Practitioners at I <i>OR</i>	t Customer Number	Γ	05070	•	
□ Practitioner(s)	named below:		25278		
		_			
	Name		Registration	Number	
· .					
					
as my/our attor business in the	ney(s) or agent(s) to prosecut United States Patent and Tra-	e the	application identified ark Office connected to	above, an	id to transact all
	correspondence address for t				
	ntioned Customer Number.		are identified applied	don to.	
OR					
□Firm <i>or</i>					
Individual Name					
Address					
Address					
City		S	tate		Zip
Country Telephone					
		F:	ax		
I am the:					
Applicant/Invent	or.				
☐ Assignee of reco	ord of the entire interest. See :	37 C	ED 2 74		
Statement unde	r 37 CFR 3.73(b) is enclosed.	(Fori	m PTO/SB/96)		
			or Assignee of Record		
Name	Christian G. Becke				
Signature	omionan or been	<u>ا د</u>			
Date					
NOTE: Signatures of all Submit multiple forms if	the inventors or assignees of recommore than one signature is require	rd of the	ne entire interest or their r below*.	representati	ive(s) are required.
	ms are submitted. Pg 3 of 5	5			
urden Hour Statement. This fo	rm is actimated to take 0 to 1				

Inder the Paperwork Reduction Act of 1995, no persons are required to		n unless it display a valid OMB control number				
	Application Number					
	Filing Date					
POWER OF ATTORNEY OR	First Named Inventor	Eric H. Erickson Jr. et al.				
AUTHORIZATION OF AGENT	Title	Control of Parasitic Mites of Honey Bees				
	Group Art Unit					
	Examiner Name					
	Attorney Docket Number	0293.99R				
	Express Mail No. / Date	EF408136155US / February 27, 2002				
I hereby appoint:						
Practitioners at Customer NumberORPractitioner(s) named below:	25278					
Name	Registration	on Number				
as my/our attorney(s) or agent(s) to prosect business in the United States Patent and Tr	ute the application identific ademark Office connected	ed above, and to transact all d therewith.				
Please change the correspondence address for						
□Firm <i>or</i> Individual Name						
Address						
Address						
City	State	Zip				
Country						
Telephone	Fax					
I am the: ☑ Applicant/Inventor.						
□ Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose						
SIGNATURE of A	pplicant or Assignee of Re	cord				
Name Roy S. Whitson						
Signature						
Date						
NOTE: Signatures of all the inventors or assignees of re Submit multiple forms if more than one signature is req	ecord of the entire interest or to uired, see below*.	heir representative(s) are required.				
□ *Total of 5 forms are submitted. Pq 4 of 5						

Under the Paperwork Reduction Act of 1995, no persons are re	equired to respond	d to a collection of information	unless it display a valid OMB control number			
8		Application Number				
	Filin	g Date				
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Named Inventor	Eric H. Erickson Jr. et al.			
			Control of Parasitic Mites of Honey Bees			
		ıp Art Unit				
	Exa	niner Name				
	Atto	rney Docket Number	0293.99R			
	Exp	ress Mail No. / Date	EF408136155US / February 27, 2002			
I hereby appoint:						
Practitioners at Customer NumberORPractitioner(s) named below:		25278				
1 Tabilionor(3) Harried bolow.	_					
Name		Registratio	n Number			
as my/our attorney(s) or agent(s) to p business in the United States Patent a	rosecute the	application identified ark Office connected	d above, and to transact all therewith.			
Please change the correspondence addre	ess for the al	pove-identified applic	ation to:			
		11				
□Firm <i>or</i> Individual Name						
Address						
Address						
City		State	Zip			
Country						
Telephone		Fax				
I am the: ☑ Applicant/Inventor. □ Assignee of record of the entire interest.	oct See 37 (NED 3 71				
Statement under 37 CFR 3.73(b) is e	nclosed. (Fo	orm PTO/SB/96).				
SIGNATUR	E of Applica	nt or Assignee of Rec	ord			
Name Thomas A. D	eeby					
Signature						
Date						
NOTE: Signatures of all the inventors or assigne Submit multiple forms if more than one signature	ees of record on the cord of t	of the entire interest or the	eir representative(s) are required.			
□ *Total of <u>5</u> forms are submitted. Pg	5 of 5					